

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
REGISTERED OFFICE  
(201) 500-2723

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.		FILING DATE							
						APPLICANT(S)									
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.			
1	/						51								
2		/					52								
3		/					53								
4		2					54								
5		3					55								
6		0					56								
7		0					57								
8		0					58								
9		0					59								
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49				/			99								
50				/			100								
TOTAL IND.	2		1				TOTAL IND.								
TOTAL DEP.	14		14				TOTAL DEP.								
TOTAL CLAIMS	16		15				TOTAL CLAIMS								

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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